

EXHIBIT A

COMMONWEALTH OF MASSACHUSETTS

PLYMOUTH, ss.

SUPERIOR COURT DEPARTMENT
OF THE TRIAL COURT
CIVIL ACTION NO. 2183CV00233

Paul Stanforo

PLAINTIFF(S) (PRINT NAME CLEARLY)

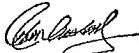
Kathleen Hicks
David Pekoske
Kristin Seteron
vs. Mike Weinberger
Kate Snyder
Dan Rivera
Michael Botieri

DEFENDANT(S) (PRINT NAME CLEARLY)

FILED
COMMONWEALTH OF MASSACHUSETTS
SUPERIOR COURT DEPT. OF THE TRIAL COURT
PLYMOUTH COUNTY

COMPLAINT

MAR 30 2021


Clerk of Court

PARTIES

1. Plaintiff(s) resides at 20 Tavern Path Plymouth MA 02360
Street City or Town

in the County of Plymouth

U.S. Department of Defense - Office of
Inspector General 4800 Mark Center Drive
Alexandria, VA 22350-1500

2. Defendant(s) resides at Alexandria, VA 22350-1500
Street City or Town

in the County of Fairfax

FACTS

3. Defendants were exposed as part of a ROGUE
task force that is acting extra-legally. My
discovery led to a continuing pattern of
harassment.

Wherefore, Plaintiff demands that:

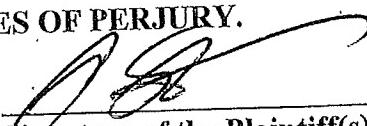
Injunctive relief: Task force is up on my phone
and illegally surveilling me in my home
I want all action to stop.

Monetary relief, \$50,000. + one penny.

Looking for a restraining orders or a
preliminary injunction

SIGNED UNDER THE PENALTIES OF PERJURY.

DATE: 3/30/21


Signature of the Plaintiff(s)

20 Tavern Path

Street Address

Plymouth MA

City/Town

774-283-0211

Telephone

CIVIL ACTION COVER SHEET		DOCKET NUMBER 2183CV00233	Trial Court of Massachusetts The Superior Court															
PLAINTIFF(S): <i>Paul Stanfor</i>	ADDRESS: <i>20 Tavern Path Plymouth MA 02360</i>	COUNTY																
ATTORNEY: <i>pro se</i>	DEFENDANT(S): <i>Kathleen Hicks, David Pekoske, Kristen Setera, Mino Weinberger, Kate Snyder, Dan Rivera, Michael Batien</i>																	
ADDRESS:	ADDRESS: <i>U.S. Dept. of Defense - Office of the Inspector General 4800 Mark Center Drive Alexandria, VA 22350-1500</i>																	
BBO:																		
CODE NO.	TYPE OF ACTION AND TRACK DESIGNATION (see reverse side)																	
<i>FBI</i>	TYPE OF ACTION (specify) <i>Protection from Harassment</i>	TRACK	HAS A JURY CLAIM BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO															
*If "Other" please describe: <i>D&Z</i>																		
Is there a claim under G.L. c. 93A? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a class action under Mass. R. Civ. P. 23? <input type="checkbox"/> YES <input type="checkbox"/> NO																	
STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A																		
<p>The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff's counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.</p> <p>TORT CLAIMS (attach additional sheets as necessary)</p> <p>A. Documented medical expenses to date:</p> <table border="1"> <tr> <td>1. Total hospital expenses</td> <td>FILED.....</td> <td>\$.....</td> </tr> <tr> <td>2. Total doctor expenses</td> <td>COMMONWEALTH OF MASSACHUSETTS</td> <td>\$.....</td> </tr> <tr> <td>3. Total chiropractic expenses</td> <td>SUPERIOR COURT DEPT. OF THE TRIAL COURT</td> <td>\$.....</td> </tr> <tr> <td>4. Total physical therapy expenses</td> <td>PLYMOUTH COUNTY</td> <td>\$.....</td> </tr> <tr> <td>5. Total other expenses (describe below)</td> <td>Subtotal (A):</td> <td>\$.....</td> </tr> </table> <p>MAR. 30. 2021</p> <p><i>[Signature]</i> Clerk of Court</p> <p>B. Documented lost wages and compensation to date</p> <p>C. Documented property damages to date</p> <p>D. Reasonably anticipated future medical and hospital expenses</p> <p>E. Reasonably anticipated lost wages</p> <p>F. Other documented items of damages (describe below)</p> <p>G. Briefly describe plaintiff's injury, including the nature and extent of injury: <i>Opposites constant harassment by Task Force including illegal taps on phone & cctv in my home.</i></p> <p>TOTAL (A-F): \$ <u>59,000</u></p>				1. Total hospital expenses	FILED.....	\$.....	2. Total doctor expenses	COMMONWEALTH OF MASSACHUSETTS	\$.....	3. Total chiropractic expenses	SUPERIOR COURT DEPT. OF THE TRIAL COURT	\$.....	4. Total physical therapy expenses	PLYMOUTH COUNTY	\$.....	5. Total other expenses (describe below)	Subtotal (A):	\$.....
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<p>CONTRACT CLAIMS (attach additional sheets as necessary)</p> <p><input type="checkbox"/> This action includes a claim involving collection of a debt incurred pursuant to a revolving credit agreement. Mass. R. Civ. P. 8.1(a). Provide a detailed description of claim(s):</p> <p style="text-align: right;">TOTAL: \$ _____</p> <p>Signature of Attorney/ Unrepresented Plaintiff: <i>[Signature]</i></p> <p>Date: <u>3/30/21</u></p>																		
<p>RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court.</p>																		
<p>CERTIFICATION PURSUANT TO SJC RULE 1:18 I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.</p> <p>Signature of Attorney of Record: X</p> <p>Date: _____</p>																		